| PLEASE TYPE OR PRINT Entered previous May Show |
|--|
| Ms. Mr. Artist DONNA WEBB |
| Permanent 799 CHITTY (Last Name Last) Address 799 CHITTY AICHON |
| 0H 44 303 Tel. 016 836-1778 |
| Zip Area Code |
| Temporary or Studio Address |
| Street 375-70/8 |
| Zip Area Code |
| If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator |
| (If Any) |
| If May Show entries are not accepted or not sold: |
| Artist will pick up at Museum. |
| Museum should dispose of. |
| Museum should ship to artist at artist's expense to this address: |
| |
| Special Instructions |
| When necessary include below instructions or a drawing of |
| how the object is to be assembled and displayed. |

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature .

> DO NOT DETACH

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| Title | | | | | | | | |
|--------------------------------|--|--|--------------------------------|-------------------|--|-------------------|--|--|
| Price or NFS | | | Insurance Value If NFS Only | | | Size | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | | | | | |
| Additional No. Tot For Sale | | | | Price Unframed | | Price of Frame | | |
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